

1. CIR./DIST./DIV. CODE PRX		2. PERSON REPRESENTED Barrios-Garcia, Ronald		VOL. 1 R. NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:97-000074-006 (240)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Barrios-Garcia		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
10. REPRESENTATION TYPE (See Instructions) Criminal Case					

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
1) 21 846=ND.F -- CONSPIRACY TO DISTRIBUTE NARCOTICS

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Telephone Number: (787) 725-3312		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 03/09/2006 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) BROWN & UBARRI EL CARIBE BUILDING, 14th. FLOOR 53 PALMERAS STREET SAN JUAN, PR. 00901-2417		Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 03/09/2006 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings	1.0				
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour = \$) TOTALS:	1.0	92.00			
Out of Court	16. a. Interviews and Conferences	3.1				
	b. Obtaining and reviewing records	4.5				
	c. Legal research and brief writing	3.5				
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$) TOTALS:	11.1	1,021.20			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		0.00			
18.	Other Expenses (other than expert, transcripts, etc.)		0.00			
			1,113.20			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
---	--	--	----------------------

22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Daniel W. Roman Date: Oct. 4, 2006	
---	--

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

IN COURT HOURLY WORKSHEET

Client Name: BARRIOS, Ronald

Case Number: 97-cr-074-06(DRD)

Voucher Number:

Date	Brief Description of Services	Arraignment and/or Plea	Bail and Detention Hearings	Motion Hearings	Trial	Sentencing Hearings	Revocation Hearings	Appeals Court	Other
05/25/2006	Sentencing hearing before USDJ DRD - arguments heard and sentence imposed					1.00			
	Grand Total	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
TOTAL IN-COURT: 1.0 HOURS * \$92.00 = \$92.00									

03/09/2006	Review appointment order and preliminary inquiry of dockets	1.30			
03/23/2006	Review dockets in USCA No. 99-2148 and USDC No. 97-gr-074-06 (DRD); review motions filed by defendant, Dkt ##561 and 562 re resentencing issues	3.20			
04/13/2006	Research legal issues raised by defendant in Dkt ##561 and 562 re resentencing issues	2.50			
04/18/2006	Conference with defendant @ MDC Guaynabo re discuss re-sentencing issues	1.80			
04/25/2006	Prepare and file motion to continue sentencing hearing due to scheduling conflict with date selected by the Court	1.00			
05/18/2006	Conference with defendant @ MDC Guaynabo re prepare for sentencing hearing and review post-sentence options	1.30			
	Grand Total	3.1	4.5	3.5	0.0
TOTAL OUT-OF-COURT: 11.1 HOURS * \$92.00 = \$1,021.20					

OTHER EXPENSE WORKSHEET

Client Name: BARRIOS, Ronald

Case Number: 97-cr-074-06(DRD)
Voucher Number:

Brief Description of Expense	TRAVEL EXPENSES					OTHER EXPENSES				
	Rate	Miles	Mileage Expense	Parking	Meals	Lodging	Copying	Postage	Toll Calls	Other
Grand Total		0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			TOTAL TRAVEL EXPENSES: \$					TOTAL OTHER EXPENSES: \$		